

USDC SDNY

### RETURN OF WAIVER OF SERVICE OF SUMMONS

I acknowledge receipt of the request that I can waive service of summons in the matter of C.A. No. 06-201 in the United States District of Delaware. I have also received a copy of the complaint in the action, two copies of this form, a copy of the Order of the Court authorizing service and a means by which I can return the signed waiver without cost to me.

I agree to save the cost of service of a summons and an additional copy of the complaint in this lawsuit by not requiring that I be served with judicial process in the manner provided by Rule 4. I will retain all defenses or objections to the lawsuit or to the jurisdiction or venue of the Court, except for objections based on a defect in the summons or in the service of the summons.

I understand that a judgement may be entered against the party on whose behalf I am acting if a response is not served and filed within **60** days after: September 5, 2006.

Date: SEP 07 2006

[Signature] [Printed Name]  
Signature of Defendant Printed or Typed Name

### DUTY TO AVOID UNNECESSARY COST OF SERVICE OF SUMMONS

Rule 4 of the Federal Rules of Civil Procedure requires certain parties to cooperate in saving unnecessary cost of service of the summons and the complaint. **A defendant located in the United States, who, after being notified of an action and asked to waive service of summons on behalf of a plaintiff located in the US, fails to do so will be required to bear the cost of such service unless good cause be shown for that defendant's failure to sign and return the waiver.**

It is not good cause for a failure to waive service that a party believes that the complaint is unfounded, or that the action has been brought in an improper place or in a court that lacks jurisdiction over the subject matter of the action or over defendant's person or property. A defendant who waives service of summons retains all defenses and objections, except any relating to the summons or the service of summons, and may later object to the jurisdiction of the Court or to the place to where the action has been brought.

A defendant who waives service must within the time specified on the "Return of Waiver" form served on plaintiff, if unrepresented or on plaintiff's attorney, a response to the Complaint and must also file a signed copy of the response with the Court. If the answer or a motion is not served within this time, a default judgement may be taken against that defendant. By waiving service, a defendant is allowed more time to answer than if the summons had been actually served when the request for waiver of service was received.



U.S. Department of Justice  
United States Marshals Service**PROCESS RECEIPT AND RETURN**See Instructions for "Service of Process by the U.S. Marshal"  
on the reverse of this form.

PLAINTIFF <u>Mona Lisa Harrison</u>		COURT CASE NUMBER <u>06-201-GMS</u>							
DEFENDANT <u>George O'Connor</u>		TYPE OF PROCESS <u>Service</u>							
<b>SERVE</b> ➔	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN <u>George O'Connor</u>								
	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) <u>660 Baylor Blvd, New Castle, Delaware 19720</u>								
<b>AT</b>									
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:									
<table border="1"> <tr> <td rowspan="3"> <div style="border: 1px solid black; padding: 5px;"> <u>Mona Lisa Harrison</u>  <u>660 Baylor Blvd</u>  <u>New Castle, Del 19720</u> </div> </td> <td>Number of process to be served with this Form - 285</td> <td><u>3</u></td> </tr> <tr> <td>Number of parties to be served in this case</td> <td><u>3</u></td> </tr> <tr> <td>Check for service on U.S.A.</td> <td></td> </tr> </table>			<div style="border: 1px solid black; padding: 5px;"> <u>Mona Lisa Harrison</u>  <u>660 Baylor Blvd</u>  <u>New Castle, Del 19720</u> </div>	Number of process to be served with this Form - 285	<u>3</u>	Number of parties to be served in this case	<u>3</u>	Check for service on U.S.A.	
<div style="border: 1px solid black; padding: 5px;"> <u>Mona Lisa Harrison</u>  <u>660 Baylor Blvd</u>  <u>New Castle, Del 19720</u> </div>	Number of process to be served with this Form - 285	<u>3</u>							
	Number of parties to be served in this case	<u>3</u>							
	Check for service on U.S.A.								

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available For Service):

Fold

Fold

Signature of Attorney or other Originator requesting service on behalf of:

Mona Lisa Harrison☐ PLAINTIFF☒ DEFENDANT

TELEPHONE NUMBER

302-577-3004

DATE

8/24/06**SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE**

I acknowledge receipt for the total number of process indicated. (Sign only first USM 285 if more than one USM 285 is submitted)	Total Process	District of Origin No. <u>15</u>	District to Serve No. <u>15</u>	Signature of Authorized USMS Deputy or Clerk <u>BF</u>	Date <u>9-5-06</u>
I hereby certify and return that I <input type="checkbox"/> have personally served, <input checked="" type="checkbox"/> have legal evidence of service, <input type="checkbox"/> have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.					
<input type="checkbox"/> I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)					
Name and title of individual served (if not shown above)				<input type="checkbox"/> A person of suitable age and discretion then residing in the defendant's usual place of abode.	
Address (complete only if different than shown above)				Date of Service <u>9/7/06</u>	Time am pm
				Signature of U.S. Marshal or Deputy <u>BF</u>	
Service Fee	Total Mileage Charges (including enclaves)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal or
					Amount of Refund

REMARKS:

Waiver returned